



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR EXAMINATION/TEMPORARY PERMIT

PLEASE RETURN APPLICATION TO:
BOARD OF COSMETOLOGY AND BARBER EXAMINERS
3605 MISSOURI BOULEVARD (UPS & FED EX ONLY)
PO BOX 1062 (POSTAL SERVICE ONLY)
JEFFERSON CITY, MO 65102
TOLL FREE: 866-762-9432
<http://pr.mo.gov/cosbar.asp>

PLEASE NOTE

- To be scheduled for the examination you must submit the examination fee(s) to Professional Credential Services (PCS) online at www.pcshq.com or by calling (888) 822-3272.
- Your application and fees must be received no later than 14 business days prior to the day you wish to take the practical examination. Applications will be processed daily for written examinations administered by the testing vendor. Late applications will be processed for the next scheduled practical examinations. **Please make sure this application is completed in its entirety to avoid any delay on the processing of the application.**

CONTACT INFORMATION (TYPE OR PRINT LEGIBLE IN INK)

NAME (LAST, FIRST, MI)	SOCIAL SECURITY #
MAILING ADDRESS OR PO BOX NUMBER	HOME PHONE #
CITY, STATE, ZIP CODE	DAYTIME PHONE #
EMAIL ADDRESS	DATE OF BIRTH

☐ (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.

EXAMINATION LOCATIONS

PLEASE SELECT THE PRACTICAL TESTING LOCATION OF YOUR CHOICE: PRACTICAL EXAMS ARE ADMINISTERED FOUR TIMES A MONTH ON MONDAYS ONLY.

☐ St. Louis/1st week ☐ Kansas City/2nd week ☐ Jefferson City/3rd week ☐ Springfield/4th week

PLEASE SELECT THE CLASSIFICATION FOR WHICH YOU ARE APPLYING

<input type="checkbox"/> "Class CA - hairdressing and manicuring"	<input type="checkbox"/> "Barber"
<input type="checkbox"/> "Class CH - hairdresser"	<input type="checkbox"/> "Cross-over"
<input type="checkbox"/> "Class MO - manicurist"	<input type="checkbox"/> "Instructor"
<input type="checkbox"/> "Class E - estheticians"	<input type="checkbox"/> "Instructor" (by experience) Operator license # _____

FORMAL HIGH SCHOOL EDUCATION

GRADE COMPLETED <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	GRADUATION DATE
NAME OF SCHOOL WHERE LAST GRADE COMPLETED	CITY & STATE

COSMETOLOGY/BARBER EDUCATION

TRAINING HOURS COMPLETED	SCHOOL/ESTABLISHMENT NUMBER	SCHOOL/ESTABLISHMENT NAME
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ADDRESS

OUT OF STATE APPLICANTS ONLY

PLEASE CHECK ONE (1)

☐ Yes, currently licensed in another state ☐ No, transfer of training hours only

NAME OF STATE IN WHICH YOU HOLD A LICENSE OR TRAINING HOURS IN

CRIMINAL HISTORY

HAVE YOU BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED?

☐ Yes ☐ No

NOTE: This includes Suspended Imposition of Sentence, Suspended Execution of Sentence, misdemeanor and felony convictions, and alcohol related offenses, i.e. DWI and BAC. Check yes if NOT previously disclosed to this Board and provide the date of the conviction and/or pleading, nature of the offense, court location, and case number on a separate sheet.

CITIZENSHIP

ARE YOU A UNITED STATES CITIZEN OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES? **PLEASE CHECK ONE (1)**

☐ Yes ☐ No (If no, please provide a detailed statement.)

INFORMATION CONSENT AND WAIVER AGREEMENT/AFFIDAVIT (TO BE COMPLETED BY A NOTARY PUBLIC)

I agree that I shall hold harmless the state of Missouri, its employees, agents and independent contractors ("State") from any and all claims, injury, loss, damage, suits, actions, liabilities and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or commissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the State with regard to any use or misuse of said products during this examination and I release, with informed consent, the State from any liability with respect to the same. I also agree that I have read the full text of this informed consent and waiver agreement.

The undersigned applicant, being duly sworn, deposes and says that he/she is the person who executed the application that all statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understood this affidavit.

APPLICANT'S SIGNATURE

PARENT'S SIGNATURE (IF APPLICANT IS 18 YEARS OR YOUNGER)

NOTARY PUBLIC EMBOSSE OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

APPLICATION CHECKLIST

PLEASE CHECK THE FOLLOWING IS COMPLETE AND ENCLOSED IN YOUR ENVELOPE PRIOR TO MAILING:

CHECKLIST FOR IN STATE APPLICANTS:

- ☐ Application for Examination/Temporary Permit completed entirely.
☐ Application for Termination/Contractual Fees (if not previously sent to the Board office).
☐ Student License (if not previously sent to the Board office).

CHECKLIST FOR OUT OF STATE APPLICANTS:

- ☐ Application for Examination/Temporary Permit completed entirely.
☐ Completed Missouri Training Affidavit (by the school/establishment attended for training hours only).
☐ Certification/Affidavit completed by the state Board of the state you obtained training.
☐ Copy of proof of age (birth certificate or driver's license).
☐ Copy of high school transcript or diploma if applicable (English ONLY).
☐ Two (2) (2" x 2") photos taken within the last two (2) years.
☐ State law test (Please complete online at www.pr.mo.gov/cosbar.asp).

FOR OFFICE USE ONLY

DATE OF EXAM

LICENSE EXPIRATION DATE

CLASSIFICATION

EDUCATION DATE

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N/A ☐

LICENSE NUMBER

REVIEWER'S INITIALS

STAFF'S INITIALS